

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10655337**

FILING DATE **09-04-03**

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5	1					
6		1				
7	1					
8		1				
9		1				
10		1				
11		1				
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18	1					
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23	1					
24		1				
25	1					
26		1				
27		1				
28	2					
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50						
TOTAL IND.	5					
TOTAL DEP.	13					
TOTAL CLAIMS	18					
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